

Wellness Programs That Work

Health Promotion and Prevention Initiatives (HPPI)
Program

US Army Center for Health Promotion and Preventive
Medicine (USACHPPM)

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Purpose

This presentation will present a portfolio of current Army wellness programs that have been proven to be effective.

Highlighted programs will include:

- Tobacco cessation
- Asthma management
- Self-care
- Nutrition

Wellness Programs That Work

An Army Perspective

- Army health promotion faces different challenges than the civilian sector.
- Successful Army wellness program work best when:
 - They address force readiness.
 - Follow-up strategies are geared to a mobile population.
 - Components are designed for the unique military environment.

Tobacco Cessation

- What?
 - Reduce tobacco use among military health beneficiaries
 - More than 3700 participants enrolled since 1995
- How?
 - Medical pre-screening
 - 6-week program
 - Use of NRT and bupropion
 - Multidisciplinary approach
 - Follow-up at 1, 3, 6, 12 months
 - Robust data analysis

Tobacco Cessation, cont.

- Overall impact
 - Average quit rate at 12-months: 47%
 - Project benefits in dollars: \$260K
 - Program costs includes prescreening appointments, class instruction and materials, NRT costs.
- Impact on readiness
 - Night vision
 - Ability to deal with stress
 - Brain circulation/mental acuity
 - Fine motor skill coordination
 - Lung capacity/performance
 - Need for water intake
 - Risk of heat/cold injuries
 - Muscle fatigue
 - Stamina

Tobacco Cessation, cont.

- Critical success factors
 - Planning
 - Health & Wellness Center plans a year's worth of activities – of which tobacco cessation is a part.
 - Resources
 - Use of a multidisciplinary team
 - Support
 - Always communicating program successes
 - Always collecting and analyzing outcomes

Tobacco Cessation, cont.

- Resources
 - Guide to Community Preventive Services: Effectiveness of community-based tobacco interventions <http://www.thecommunityguide.org/tobacco/>
 - Complete tobacco cessation program materials + tobacco cessation provider competency course (*free materials*) (USACHPPM/DHPW) <http://chppm-www.apgea.army.mil/dhpw/Population/TobaccoCessation.aspx>
 - Clinical Practice Guideline – Management of Tobacco Use http://www.oqp.med.va.gov/cpg/TUC3/tuc_base.htm

Asthma Management

- What?
 - Pediatric asthma education/management
 - Located in Disease Management Clinic
 - Goal: to reduce emergency room and acute care visits through better asthma control
- How?
 - Stand-alone program
 - Multidisciplinary team
 - Strong education component for children and caregivers
 - Asthma control action plan
 - Telephone triage

Asthma Management, cont.

- Overall impact
 - 216 total telephone consults provided
 - 103 calls avoided UCC/ER or acute appointment care
 - Calls alone avoided costs of \$5K
 - Facility Emergency Department visits decreased 50%
 - Facility Emergency Department admissions decreased 75%

Asthma Management, cont.

- Impact on readiness
 - Uncontrolled/poorly treated asthma effects Soldiers' abilities to perform their duties and their ability to deploy.
 - Properly educated patients who are managed appropriately can be deployed or medically boarded and replaced to conserve fighting strength.
 - Post-deployment data shows many Soldiers with dyspnea and/or asthma.
 - Better asthma control for family members reduces Soldier stress.

Asthma management, cont.

- Critical success factors
 - Planning
 - The program is based on decreasing the demand for healthcare facility emergency room services.
 - Resources
 - Use of a healthcare provider team
 - Support
 - Getting buy-in from other clinics
 - Always collecting outcomes
 - Continual education for healthcare providers

Asthma Management, cont.

■ Resources

- “Impacting Asthma in the Military Health System,” *The Reengineering Review*, June 2000, <http://www.tricare.osd.mil/hcr/newsletter/hcr0006.html>
- Key Clinical Activities for Quality Asthma Care <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5206a1.htm>
- DoD/VHA CPG for the Management of Asthma for Adults and Children Aged 6 Years and Over http://www.qmo.amedd.army.mil/asthma/asgde2/PDF_files?AsthmaAdults%209_11_00.pdf

Self-care

- What?
 - Teaches symptom recognition and management to Soldiers.
 - Goals:
 - Conserve training time
 - Decrease demand for provider visits for minor illnesses
 - Empower Soldiers to care for personal health
 - Initially developed for IET/AIT population; has been implemented for Active Duty and activated Reserve Component.

Self-care, cont.

- How?
 - Self-care class
 - Self-care reference material/manual
 - Triage
 - Self-care pharmacy

Self-care, cont.

- Overall impact
 - More than 1700 provider visits avoided
 - 591 provider hours saved
 - Cost per Self-care user: \$2.75
 - Net costs avoided: \$124K
- Impact on readiness
 - Decrease in lost training time
 - Increased practice of health behaviors
 - Increased confidence to treat minor illness
 - Increased personal responsibility for health

Self-care, cont.

- Critical success factors
 - Planning
 - Program implemented for Active Duty in response to MTF demand for services.
 - Resources
 - Use of technology to supplement class instruction
 - Program tied to inprocessing
 - Support
 - Getting data to make the case
 - Communicating program successes

Self-care, cont.

■ Resources

- Soldier Health Maintenance Manual
<http://chppm-www.apgea.army.mil/documents/TG/TECHGUID/TG272.PDF>
- Self-care briefing slides, toolkit, replication study outcomes
<http://chppm-www.apgea.army.mil/dhpw/Wellness/Selfcare.aspx>

Nutrition

- What?
 - Health promotion marketing campaign to increase calcium consumption
- How?
 - Conduct a 'milk mustache' contest in the dining facility.
 - Invite Commanders to judge the contest.
 - Supplement the campaign with table tents and other educational materials.
 - Ensure that high calcium items, such as milk and yogurt, are available for purchase throughout the campaign.

Nutrition, cont.

- Overall impact
 - Dietary calcium intake increased 6.6%.
 - Average weekly milk sales increased 5.4% after poster display only.
 - Average weekly milk sales increased 11.9% after poster display and 'milk mustache' contest.
- Impact on readiness
 - Increased calcium intake reduces the chance of stress fractures, which makes Soldiers non-deployable.
 - Calcium is essential for overall bone health.

Nutrition, cont.

- Critical success factors
 - Planning
 - Initiative tied into a National Campaign
 - Strong evidence base used to plan components of the activity
 - EVERYONE affected by the activity was contacted during planning for input
 - Resources
 - Partnering and collaboration emphasized
 - Support
 - Always communicating program successes
 - Always collecting and analyzing outcomes

Nutrition, cont.

■ Resources

- The National Institutes of Health – Calcium Recommendation
http://consensus.nih.gov/cons/097/097_state_ment.htm
- National Institute of Child Health and Human Development – Milk Matters for Your Child's Health
<http://www.nichd.nih.gov/milk/MilkMattersBooklet1.pdf>

Using small indicators of change

- Successful wellness programs also use small indicators of change for participant feedback.
 - Tobacco cessation: calculator for \$\$ saved by not using tobacco; CO monitoring (participants see immediate results here)
 - Asthma: telephonic interaction provides immediate feedback on accomplishing action plan goals, as well as feedback to mitigate the stress of flare-ups.
 - Self-care: symptom identification flow charts enable participants to self-treat right away, when appropriate (i.e., - gargling with salt water at the first sign of a sore throat).
 - Nutrition: immediate increase in dairy product sales.

Measuring small steps

- How?
 - Use short pre- and mid-point surveys
 - Ask participants to rate their health status and/or stress levels.
 - Add up team or individual 'steps.'
 - Be creative!

Summary & Review

- Army wellness programs face unique challenges.
- Successful Army health promotion programs:
 - Are closely tied to force readiness
 - Gather data and analyze outcomes
 - Communicate successes to Command and to the community
 - Use small indicators of change to provide feedback to participants
- Effective wellness programs must include:
 - Planning
 - Optimal use of resources
 - Cultivation of and maintenance of support